Program Activity Cover Page

Program Name: United Way - Pilot Pr	rograms	Program ID 1 5 0 0 0 9			
Directions: Enter only one digit per boom our scanners.	x. Please use a black ink pen. Othe	r ink colors and pencil cannot be read by			
1. Please mark (X) which type of org	janization best describes the agency	y providing this program:			
☐ Commission-run program	→ Go to question 3.				
Externally run program —	→ Please mark (X) ONE box below ar	nd then go to question 2.			
☐ Family resource center Child care center or preschool	County service agency (other than education)	Private provider/nonprofit community organization			
☐ Head Start	Department of Health	Community-based organization			
State preschool	Department of Social Services				
☐ Private preschool	Department of Mental Health	Private medical, dental, or mental			
Family-based child care	Other county service agency	health organization			
Other child care center or preschool)ł	Other private organization			
Education organization	Other public-sector organization	Consulting organization			
Elementary or middle school (K-8)	Justice system/police	Evaluation/research organization			
Secondary school (9-12)	City government program	Technical assistance organization			
☐ School district	Other government program	Other consulting organization			
County office of education					
2-year community college		☐ Other organization			
4-year college or university		er en			
Other education organization					
2. Please provide the primary service enter the agency address and pro Enter additional locations on the Street address / / 3 PALA	vide the service radius based on the back of this form.	Service agency's address. Service radius (miles)			
	use in FY 2002-2003? Please mark (X) ALL that apply. Then please report			
the amount of First 5 funds spent by	the program over the fiscal year on ea	ach strategy marked.			
☐ Direct services:	\$				
☐ Community strengthening eff		Please attach the			
Provider capacity building/su		Activity Form for each strategy marked.			
☐ Infrastructure investments:	\$, ,				
Systems change support activ	promorphomous promorphomous promorphomous	34192			
Minigrants (Commission-run e	only): \$ 11,515,9	76 10041			

Mini-Grants Activity Form

ŀ	Program Name: United Way - Pilot Pro	ograms		Progra	am II	0[1[5]0]0[0]9
Directions: Please report together only mini-grants that share a similar set of activities. Use additional forms as needed. Please use a black ink pen . Other ink colors and pencil cannot be read by our scanners.						
То	tal number of mini-grants awarded du	ring the	e fiscal year: , 44	Ave	rage	34 454 amount: \$,
Wł	aat were the primary activities fund	ed in t	his set of mini-grants? Mark	(X) AL	.L th	at apply.
	mily Support, Education, d Services	7900000000000	alth Education and rvices			ild Development rvices
	Community resource and referral (to health and social services)	K	Health insurance enrollment/assistance			Developmental screenings/assessments
	Service coordination		Tobacco cessation education or			Recreational/physical activities
	Enrollment/assistance with TANF, WIC, Food Stamps, or		treatment Mental health assessment or services (includes crisis		-	for children alone or together with parents
	food program		counseling)		M	Family literacy programs
Ц	Provision of food, clothes, emergency funds, housing, or other basic needs		Substance abuse treatment/screening (not tobacco cessation)		X	Early education programs for children alone or together with parents
	Transportation services or vouchers		Prenatal and birth care and education		X	ECE*/child care resource and referral (nonmonetary)
X	Safety education and injury/violence prevention		Breastfeeding assistance			ECE*/child care subsidies or
	Distribution of Kit for New Parents		Well-baby or well-child checkups		,	vouchers
X	Parenting education (includes		Acute medical care			Kindergarten transition programs
X	programs for teens) Parenting/caregiver support		Health screenings			Other child development
ZN	(includes programs for teens)		Immunizations			services
	Family planning (includes programs for teens)		Oral health treatment, screening, or prevention			
	Adult literacy programs	X	Nutrition education and assessments			
	Job training/citizenship/other adult education		Car seat distribution			
	Other family support, education, and services		Other health education and services			
		Othe	r Types of Activities			
	Professional development of service	П	Civic engagement activities		Out	each activities for working with
	providers, including teachers		Policy change activities	L 1		rse populations
	Purchasing equipment or materials to enhance service quality		Fundraising activities		Inter activ	agency collaboration ities
	Research or evaluation activities		Service quality improvement activities			vities to make services e accessible
					Othe	er activities
		Con	linue on reverse 😀			35045

Page 1 of 2

* ECE = Early care and education.

10170

Mini-Grants Activity Form (Continued)

How many of each type of agency/group conducted the activities marked on the front?

Program ID 1 5 0 0 0 9

Enter one digit per box. Family resource center Other public-sector organization Justice system/police Child care center or preschool **Head Start** City government program State preschool Other government program Private preschool Private provider/nonprofit community organization Family-based child care Community-based organization Other child care center or preschool Other nonprofit organization Education organization Private medical, dental, or mental health organization Elementary or middle school (K-8) Other private organization Secondary school (9-12) Consulting organization School district Evaluation/research organization County office of education Technical assistance organization 2-year community college Other consulting organization 4-year college or university Other organization Other education organization

35645

County service agency (other than education)

Department of Social Services

Department of Mental Health

Other county service agency

Department of Health

Program Activity Cover Page

Program Name: United Way - Mini Gran	its	Program ID 1 5 0 0 1 0				
Directions: Enter only one digit per box. Please use a black ink pen. Other ink colors and pencil cannot be read by our scanners.						
1. Please mark (X) which type of organ	ization best describes the agency p	providing this program:				
☐ Commission-run program	→ Go to question 3.					
	Please mark (X) ONE box below and	then go to question 2.				
☐ Family resource center Child care center or preschool	County service agency (other than education)	Private provider/nonprofit community organization				
☐ Head Start	Department of Health	Community-based organization				
State preschool	Department of Social Services	Other nonprofit organization				
☐ Private preschool	☐ Department of Mental Health	Private medical, dental, or mental				
Family-based child care	Other county service agency	health organization				
Other child care center or preschool		Other private organization				
Education organization	Other public-sector organization	Consulting organization				
Elementary or middle school (K-8)	Justice system/police	Evaluation/research organization				
Secondary school (9-12)	City government program	☐ Technical assistance organization				
School district	Other government program	Other consulting organization				
County office of education						
2-year community college		☐ Other organization				
4-year college or university						
Other education organization						
2. Please provide the primary service a enter the agency address and provide Enter additional locations on the backets.	le the service radius based on the s					
Street address / / 3 PALM	AVENUE	Service radius (miles)				
City MODESTO	Zip 9 8	5353 30.				
3. Does this funded program receive State School Readiness Initiative funds? Yes X No						
 What strategies did this program use the amount of First 5 funds spent by th 						
☐ Direct services:	\$,,					
☐ Community strengthening effort		Please attach the				
Provider capacity building/support		Activity Form for each strategy marked				
☐ Infrastructure investments:	\$, ,					
Systems change support activiti		34192				
Minigrants (Commission-run onl	y): \$,326,89	8 10842				

Mini-Grants Activity Form

F	Program Name: United Way - Mini Gra	ants		Progra	am IC	150010		
Directions: Please report together only mini-grants that share a similar set of activities. Use additional forms								
as needed. Please use a black ink pen. Other ink colors and pencil cannot be read by our scanners.								
То	Total number of mini-grants awarded during the fiscal year: , 143 Average amount: \$2,286							
Wi	What were the primary activities funded in this set of mini-grants? Mark (X) ALL that apply.							
	mily Support, Education, d Services	8000000000	alth Education and rvices		230000000	ild Development rvices		
	Community resource and referral (to health and social services)		Health insurance enrollment/assistance			Developmental screenings/assessments		
	Service coordination		Tobacco cessation education or treatment		X	Recreational/physical activities for children alone or together		
	Enrollment/assistance with TANF, WIC, Food Stamps, or		Mental health assessment or			with parents		
	food program		services (includes crisis counseling)		X	Family literacy programs		
	Provision of food, clothes, emergency funds, housing, or other basic needs		Substance abuse treatment/screening (not tobacco cessation)		×	Early education programs for children alone or together with parents		
	Transportation services or vouchers		Prenatal and birth care and education			ECE*/child care resource and referral (nonmonetary)		
X	Safety education and injury/violence prevention		Breastfeeding assistance			ECE*/child care subsidies or		
	Distribution of Kit for New Parents		Well-baby or well-child checkups		П	vouchers Kindergarten transition		
	Parenting education (includes programs for teens)		Acute medical care		L/	programs		
	Parenting/caregiver support	X	Health screenings			Other child development services		
·	(includes programs for teens)		Immunizations					
LJ	Family planning (includes programs for teens)	L	Oral health treatment, screening, or prevention					
	Adult literacy programs	\boxtimes	Nutrition education and assessments					
П	Job training/citizenship/other adult education		Car seat distribution					
	Other family support, education, and services		Other health education and services					
		Othe	r Types of Activities					
	Professional development of service		Civic engagement activities			reach activities for working with		
X	providers, including teachers Purchasing equipment or materials		Policy change activities	П		rse populations ragency collaboration		
<i>X</i> .3(to enhance service quality		Fundraising activities	activities				
	Research or evaluation activities		Service quality improvement activities			rities to make services e accessible		
					Othe	er activities		
		Con	tinue on reverse →			35645		

35645

Mini-Grants Activity Form (Continued)

How many of each type of agency/group conducted the activities marked on the front?

0 0 Program ID

Enter one digit per box. Family resource center Other public-sector organization Justice system/police Child care center or preschool **Head Start** City government program State preschool Other government program Private preschool Private provider/nonprofit community organization Family-based child care Community-based organization Other child care center or preschool Other nonprofit organization Education organization Private medical, dental, or mental health organization Elementary or middle school (K-8) Other private organization Secondary school (9-12) Consulting organization School district Evaluation/research organization County office of education Technical assistance organization 2-year community college Other consulting organization 4-year college or university Other organization Other education organization County service agency (other than education)

Department of Health

Department of Social Services

Department of Mental Health

Other county service agency